

ROUTING AND RECORD SHEET**SUBJECT:** (Optional)

Annual Occupational Safety and Health Report

FROM

Chief, Safety Staff, DDA

EXTENSION**NO.****DATE**

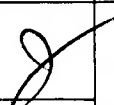
02 APR 1982

TO: (Officer designation, room number, and building)**DATE****RECEIVED****FORWARDED****OFFICER'S INITIALS****COMMENTS** (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

D/OL

8 APR 1982



2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.


15.

OL 2 1547

02 APR 1982

MEMORANDUM FOR: Director of Logistics

FROM:

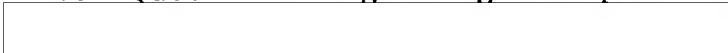

Chief, Safety Staff, DDA

SUBJECT: Annual Occupational Safety and Health Report

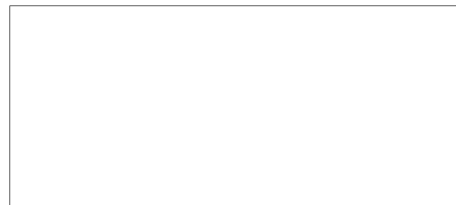
1. Each year by 1 April the Agency must send a comprehensive report to the Secretary of Labor covering the Agency's Occupational Safety and Health Program for the previous year. The report is required by the Occupational Safety and Health Act, Executive Order 12196 and Title 29 Code of Federal Regulations, Part 1960. The report is based on guidelines provided by the Secretary of Labor.

2. The report for CY 1981 has just been completed based on information recorded in the Safety Staff and provided by you in the recent questionnaire.

3. The Secretary of Labor has advised that the report for CY 1982 will also be based on the same guidelines. Therefore, the questionnaire has been modified to apply to facilities and components. A copy is attached for your use throughout CY 1982. It should be completed in detail in order that the combined Agency report will be as comprehensive as possible. The completed questionnaire should be returned to the Safety Staff by 1 March 1983.

4. Questions regarding the questionnaire may be directed to 

Attachment



JL 2 1547

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

ANNUAL REPORT FOR CY _____

NAME AND ADDRESS OF FACILITY/COMPONENT

NUMBER OF EMPLOYEES _____

NAME OF FACILITY/COMPONENT SAFETY OFFICER

=====

ADMINISTRATION

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Has the head of your Facility/Component issued a policy statement that: | | |
| a. Emphasizes his/her commitment to a safe and healthful workplace? | _____ | _____ |
| b. Charges all levels of management to be responsible and accountable for the program? | _____ | _____ |
| c. Requires employee compliance with applicable OSHA and/or Agency standards? | _____ | _____ |
| d. Has been communicated to all Agency personnel? | _____ | _____ |
| e. Assures employee OSH rights? | _____ | _____ |
| 2. Does the Official in Charge directly supervise the person(s) responsible for managing the OSH program? | _____ | _____ |
| 3. How frequently does your Facility/Component Safety Officer meet or communicate officially with the Official in Charge on safety and health matters? | | |

- | | <u>Meet</u> | <u>Communicate</u> |
|-----------------------|-------------|--------------------|
| a. At least weekly | _____ | _____ |
| b. At least monthly | _____ | _____ |
| c. At least quarterly | _____ | _____ |
| d. Other | _____ | _____ |

If other, please explain. _____

4. How frequently es your Official in Charge communicate with the person(s) responsible for managing the OSH program?

- a. Daily _____
- b. At least weekly _____
- c. At least monthly _____
- d. At least quarterly _____
- e. Other _____

If other, please explain. _____

5. Who manages your safety and health program? If you have different individuals for safety and health, list both and identify their assignments.

Name _____

Title _____

Name _____

Title _____

6. What is the approximate percent of time this (each) person spends on the OSH program?

(safety) (health)

7. Were the financial resources received in calendar year adequate for the following purposes?

	<u>YES</u>	<u>NO</u>
a. Occupational safety and health personnel	_____	_____
b. Training	_____	_____
c. Inspections/evaluations	_____	_____
d. Personal protective equipment	_____	_____

(continued on next page.)

	<u>YES</u>	<u>NO</u>
e. Abatement	_____	_____
f. Program promotional items	_____	_____
g. Medical surveillance program for employees	_____	_____
h. Safety and health sampling, testing, laboratory, and analytical equipment	_____	_____
i. Technical information, documents, periodicals, etc.	_____	_____

8. Provide the total number of full-time safety and health headquarters and field personnel in the following categories as defined in 29 CFR 1960.2(s).

	<u>Hqtrs.</u>	<u>Field</u>
a. Safety Professionals (GS-018, 019, 081, 803, 804, 1815, 1825, 2125, etc.*)	_____	_____
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	_____	_____

*or equally qualified military, agency, or nongovernmental personnel.

9. Provide the total number of part-time (collateral duty) safety and health headquarters and field personnel.

	<u>Total number</u>	<u>Approximate full-time equivalent</u>
a. Headquarters personnel	_____	_____
b. Field personnel	_____	_____

Column 2 equals the percent of column 1 in full-time equivalency.

PLANNING

YES NO

10. Have safety and health program goals and objectives been established?

11. What were the primary occupational safety and health program goals achieved during Calendar Year. (Briefly list.)

12. What primary occupational safety and health program goals were not achieved during Calendar Year. (Briefly list.)

13. How often are your goals and objectives reviewed?

- a. Monthly
- b. Quarterly
- c. Semiannually
- d. Annually
- e. Other

YES NO

14. Are your OSH goals and objectives included in your Facility/Component's quarterly review system (management by objectives - MBO's, program execution plan - PEP) or other similar system?

GOALS AND OBJECTIVES FOR CY.

15. Briefly list your primary goals for Calendar Year.

16. To what extent are planning factors a. through f. below used in planning the program elements listed in the right-hand columns?

(N = Never; R = Rarely; S = Sometimes; F = Frequently; and A = Always)

PLANNING FACTORS	PROGRAM ELEMENTS					
	INSPECTIONS	TRAINING	INFORMATION	BUDGET AND STAFFING	APPEALMENT PRIORITIES	OTHER
a. Injury and illness incidence data. 1. Lost workday cases 2. Total cases						
b. Injury and illness (OWCP) cost data						
c. Recognized hazard data						
d. Employee reports of unsafe and unhealthful working conditions						
e. Recommendations of employee representatives						
f. Other: _____						

17. Have any special in-depth studies of specific hazards been conducted by your staff or by outside consultants within the past year?

YES ____ NO ____

If y's, briefly describe. _____

MEASURES EMPLOYED TO MITIGATE INJURY AND ILLNESS IMPACTS

18. Please complete the following table. In Section I, enter the approximate percentage of employees potentially exposed to the injuries and illnesses listed a. through h. and the appropriate letter H, M, or L (H = High, M = Moderate, L = Low or none) to indicate current priority in your hazard reduction program. In Section II, place an "X" in the appropriate portion of the table for each of the items a. through h. to indicate whether the particular countermeasure shown is being used to mitigate the impact of the injury or illness category.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I		SECTION II						
	PERCENT	H, M, L	COUNTERMEASURES EMPLOYED						
	EMPLOYEES POTEN- TIALY EXPOSED	CURRENT PRIORITY	TRAINING	WORKPLACE HAZARD ABATEMENT	INFORMATION CAMPAIGN	DEVELOPMENT OF NEW STANDARDS	RULES AND REGULATIONS	FREQUENT INSPECTIONS	OTHER
a. Traumatic injuries									
b. Occupational skin diseases or disorders									
c. Dust diseases of the lungs (Pneumoconioses)									
d. Respiratory conditions due to toxic agents									
e. Poisoning (Systemic effects of toxic materials)									
f. Disorders due to physical agents (other than toxic materials)									
g. Disorders due to repeated trauma									
h. All other occupational illnesses (list)									

IMPLEMENTATION

19. The following is a list of procedures your Facility/Component developed and communicated to safety and health personnel at field establishments, to supervisors, and to employees. Please indicate by and (X) the extent of development and communication.

Procedure	DEVELOPED	FORMALLY COMMUNICATED TO FIELD OSH STAFF	COMMUNICATED TO ALL SUPERVISORS	COMMUNICATED TO ALL EMPLOYEES
a. For abatement of hazards when other agencies are involved.				
b. For employees to participate in OSH activities on official time.				
c. For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee, and inspection.				
d. To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSH rights.				
e. To maintain a log of injuries and illnesses at each work location.				
f. For issuing alternate and/or supplementary standards.				
g. For resolving conflicting standards.				
h. To permit entry of Agency OSH inspectors to classified areas.				
i. For issuance of notice of unsafe conditions within 30 days.				
j. For abatement and follow-up.				
k. For evaluating performance of personnel with OSH duties.				

20. How are employees notified about their occupational safety and health rights and responsibilities? (Check as many of the following as appropriate.)

- a. Poster _____
- b. Administrative directive _____
- c. Routine part of new employee orientation procedures _____
- d. Periodic publications _____
- e. Other (list): _____ _____
- f. No formal methods employed _____

21. How many of the following methods are routinely used to provide additional occupational safety and health information? (Check as many as appropriate).

- a. Posters _____
- b. Newsletter _____
- c. Memoranda _____
- d. Pamphlets _____
- e. Other (list): _____ _____
- f. None _____

COMMITTEES

22. Does your Facility/Component have safety and health committees? If yes, answer questions 23 through 28. If no, proceed to question 29.

YES NO

23. How long have most of your safety and health committees been in operation?

- a. Less than one year _____
- b. 1 - 2 years _____
- c. 3 - 4 years _____
- d. 5 - 6 years _____
- e. 7 years or more _____

	<u>Approximate percent</u>
24. What is the typical membership of your committees?	
a. Management representatives	_____
b. Safety and health specialists	_____
c. Employee members	_____
d. Employee representatives	_____
25. What is the total number of safety and health committees in your Facility/Component?	_____
26. How often do committees conduct meetings?	
a. At least weekly	_____
b. At least monthly	_____
c. At least quarterly	_____
d. At least annually	_____
	<u>YES</u> <u>NO</u>
27. Are written minutes taken at committee meetings?	_____
Is a formal report of issues and recommendations prepared?	_____
If so, to whom is it submitted?	

Is there a formal follow-up procedure?	_____

28. How effective would you say most of your safety and health committees have been in performing the following functions?

	<u>Not Effective</u>	<u>Generally Ineffective</u>	<u>Somewhat Effective</u>	<u>Very Effective</u>
a. Identifying hazardous conditions	_____	_____	_____	_____
b. Communicating OSH problems to management	_____	_____	_____	_____
c. Increasing safety consciousness in the workplace	_____	_____	_____	_____
d. Reducing accident rates	_____	_____	_____	_____
e. Improving health conditions	_____	_____	_____	_____
f. Finding solutions to OSH problems that are discovered	_____	_____	_____	_____

FIELD FEDERAL SAFETY AND HEALTH COUNCILS

	<u>YES</u>	<u>NO</u>
29. Does your Facility/Component have a formal policy specifically encouraging participation in Field Federal Safety and Health Councils? (If yes, please attach a copy.)	_____	_____
30. If yes, has the policy been communicated to all Facility/Component subunits and field establishments?	_____	_____
31. Have official (management and non-management) representatives to Field Councils been appointed by the head of each establishment?	_____	_____

TRAINING

32. Has your Facility/Component developed safety and health training policies and procedures for the target populations listed below? (If yes, indicate the percent of the population trained in CY.)

	<u>Primary Training</u>			<u>Refresher</u>		
	Yes	Percent	No	Yes	Percent	No
a. New employees	—	—	—	—	—	—
b. Employees assigned to operate "new" equipment	—	—	—	—	—	—
c. Employees assigned to "new/different" tasks	—	—	—	—	—	—
d. Employees in high risk jobs	—	—	—	—	—	—
e. Top management officials	—	—	—	—	—	—
f. Supervisors	—	—	—	—	—	—
g. Safety and health specialists	—	—	—	—	—	—
h. Safety and health inspectors	—	—	—	—	—	—
i. Collateral duty safety and health personnel	—	—	—	—	—	—
j. Occupational safety and health committee members	—	—	—	—	—	—
k. Employee representatives	—	—	—	—	—	—
l. Other employees	—	—	—	—	—	—

YESNO

33. Has your Facility/Component conducted training courses during the report year to address special or unique problems identified in your areas?
If yes, please list these courses.
(Attach additional pages as necessary.)

<u>Course Title</u>	<u>Course Objective (ident. problems)</u>	<u>Trainee Classification</u>	<u>Number Attendees</u>	<u>Number Hours</u>
---------------------	---	-----------------------------------	-----------------------------	-------------------------

34. If you developed or used training materials during the report year that you think would be helpful to others, please list below. (Attach additional pages as necessary.)

<u>Subject Matter</u>	<u>Intended Audience</u>	<u>Type of Training Material (film, slides, text)</u>
-----------------------	--------------------------	---

INSPECTIONS

YESNO

35. Does your Facility/Component conduct formal inspections as defined in 29 CFR Part 1960.2(k), of all areas and operations of each workplace and office?
36. Where there is a known risk of accidents, injuries, or illnesses, how frequently do you conduct formal inspections?
- a. Daily
- b. Weekly
- c. Monthly
- d. Other
37. How frequently are less hazardous areas/operations of your Agency formally inspected?
- a. Monthly
- b. Quarterly
- c. Semiannually
- d. Annually
- e. Other
38. Provide an estimate of the percent of your Facility/Component's personnel working in areas in which at least one periodic inspection was conducted in the past calendar year. %
39. Of all formal inspections in the past calendar year, approximately what percent was conducted by trained OSH professionals? %
40. Of all formal inspections in the past calendar year, approximately what percent was conducted by supervisors? %

41. Of all known unsafe or unhealthful working conditions, approximately what percent was abated within your inspection report deadlines in the past calendar year? _____%

42. Of all known imminent danger situations, approximately what percent was abated within your inspection report deadlines in the past calendar year? _____%

SELF-EVALUATIONS

43. Describe your Facility/Component's program of self-evaluation. Outline the procedure(s) utilized, list types of data and how collected, and indicate who conducted the evaluation (e.g., OSH staff, I.G. staff, private contractor, another organizational unit within your Facility/Component). (Attach additional pages as necessary.)

44. Describe the results of your self-evaluations. Your discussion should assess the degree to which your Facility/Component has implemented the requirements of Executive Order 12196, the quality of the safety and health program, and any failures to meet program requirements. It should also include a description of your areas' progress in meeting your goals and objectives, and any unusual program accomplishments during the year. If applicable, describe unusual problems encountered and the results of any innovative means you employed to address those problems. (Attach additional pages as necessary.)

45. What changes in your safety and health program have been proposed, approved, and implemented as a result of your self-evaluations? Indicate the status of each. (Attach additional pages as necessary.)

G. Officials of a major component have scheduled the following major activities to improve the safety and health of Agency employees in their work environment.

(1) Complete the design and funding for construction to correct ventilation problems associated with printing plant space. Work is scheduled to commence in summer of 1981 at a cost of \$498,000.

(2) Establish a "safety-shoe" store at a major warehouse where an employee can be fitted and obtain safety shoes without delay.

(3) Conduct four forklift operator training classes and coordinate the presentation of three courses in Cardiopulmonary Resuscitation.

(4) Replace approximately 28 water fire extinguishers in a Printing and Photography Building with ABC multi-purpose fire extinguishers.

H. Officials [redacted] plan to continue efforts to elevate safety and health awareness of the employees as well as improve their working environments. Major areas to be emphasized include:

STAT

(1) Formation of a Safety and Health Committee.

(2) Affiliation with a local Federal Safety and Health Council.

(3) Expand emphasis on fire prevention and fire awareness to include activities throughout the year rather than just during Fire Prevention Week.

(4) Coordinate with the Office of Medical Services for blood, urine, hearing and eye tests as well as other medical examinations for employees whose work necessitates such tests and examinations.